

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Iowa Medical and Classification Center		
Physical address:	2700 Coral Ridge Avenue, Coralville, Iowa 52241		
Date report submitted:	7/26/14 and Final 11/28/14		
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Date of facility visit:	July 7 -9, 2014		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	319-626-2391		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Governing authority or parent agency: (if applicable)	State of Iowa		
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AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Iowa Medical and Classification Center (IMCC) was conducted on July 7-9, 2014 to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor interviewed Director John R. Baldwin, the state Agency-Wide PREA Coordinator, Jean Schlichtemeier, and Central Office Investigator Randy Hanssan at the Iowa Department of Corrections (IDOC) headquarters in Des Moines, Iowa on Wednesday, July 9, 2014. During the audit, the auditor toured the facility and conducted formal staff and inmate interviews.

The auditor interviewed 10 inmates (10 random inmates from all of the housing units, including one limited English speaking, one identified as a victim potential, one physically limited and one special needs in segregation unit). At least 10 other inmates were informally interviewed by this auditor during the tour. In addition, the auditor questioned 20 staff (10 specialized staff and 10 random Correctional Officers from each shift), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Warden, PREA compliance manager, PREA investigator, human resource associate, Psychologist, Counselor, Health Services Administrator, Associate Warden and a Correctional Officer who conducts inmate orientation of PREA information.

An entrance meeting was held with the following persons in attendance: Dan Craig, IMCC Warden; Greg Ort, Deputy Warden; Sheryl Dahm, Assistant Deputy Director, IDOC; Jean Schlichtemeier, IDOC PREA Coordinator; Russ Ort, Security Manager; PREA Compliance Manager; Tom Brundage, CSII (Captain); PREA Investigator; Chris Gesie, IDOC Nursing Administrator, IMCC Health Care Administrator; Vicki Garrett, CSI (Lieutenant); Kelli Collins, Associate Warden of Treatment; Ty Doermann, Associate Warden of Administration; Randy Gibbs, Associate Warden of Security; Kathy Symmonds, Nursing Services Director; Marcy Stroud, Forensic Psych Hospital Director; Kevin Weideman, Treatment Services Director; Scott Eschen, Treatment Services Director; and Laurie Sperfslage, Administrative Asst. II.

There were currently 903 adult male inmates at the facility. Four female inmates were currently being held in the medical unit. The security levels include minimum, medium and maximum. The youthful offenders were moved to a different IDOC facility on 7/1/14. Following the

entrance meeting, I toured the facility from 8:25 a.m. to 11:35 a.m., Eastern Standard Time. In the last calendar year, there were 25 sexual assault/harassment allegation cases of which six were determined to be substantiated, eleven were determined to be unfounded, and seven were unsubstantiated.

DESCRIPTION OF FACILITY CHARACTERISTICS:

In 1967, the State Legislature authorized the creation of the Iowa Security and Medical Facility at Oakdale. A modern psychiatric hospital for the evaluation and treatment of both men and women was built on a 54.4 acre site near Iowa City. When completed in 1969, the building consisted of three patient units totaling 81 beds. At the time of its completion, IMCC was considered to be in part of the country-side, away from the major populations of the cities of Iowa City, Coralville and North Liberty. Today it is surrounded by the major metropolitan areas of those three cities. Condos, restaurants and malls are now where escape posts used to be located. In 1984, the facility's capacity was increased to 300 beds by the construction of a reception/classification center and the institution officially became known as "The Iowa Medical and Classification Center." The facility provided services both to the DOC offender population and to the psychiatric hospital units.

In 1990 and 1991, the facility's capacity was again increased with the construction of four dormitory units, two for reception and two for general population. Renovations to one of the old hospital units renewed 23 beds for a separate special needs unit in September of 2005, bringing the total capacity to 528 beds. They began to renovate the dietary in March 2006 and this was completed in the fall of 2007. This renovation enabled them to deliver trays directly to the units instead of having offenders come to the dining hall. In July 2007 they opened the Special Needs Unit, which has since been dedicated as the Lowell D. Brandt Unit, which added another 178 beds for a total of 706. The planning for this unit began in 1998. The building contains an outpatient health clinic and offices, three medical housing units and four celled behavioral units. The celled behavioral unit includes a therapeutic community unit, a secured observation unit and two larger units for offenders with mental health diagnosis. In total, IMCC has 22 housing units which have multiple specific functions. In addition, the facility has a warehouse which holds the recycling program and large equipment. The Power Plant, which houses the Pharmacy, the DOC File Repository, loading dock, maintenance shops and power generators, is attached to the main building by way of a tunnel. Attached to the main building is the administration building which holds the Warden's office area, the Business Office, IT and Human Resources offices in addition to the Training Room and CERT Training Room. The purpose of the first addition to the original facility that was completed and opened in September 1984 was to coordinate all DOC reception activities at one location. As a result, IMCC receives all new DOC commitments (male and female). The DOC also receives OWI offenders who are waiting for beds in community residential facilities.

The reception process for new offenders includes accomplishment of essential intake activities, initiation of the central offender record, comprehensive health screening and necessary health services, basic orientation to Iowa's correctional system, and other assessments such as psychological/psychiatric and educational. At the conclusion of the reception program offenders receive their initial classification and institutional assignment based on demographic information, assessment results, custody level, and program needs of the offender. The Reception Center's transportation section then completes the transfer of the offender to the assigned institution. The

IMCC workers program is intended to provide a pool of general population offenders for work assignments within the institution. The work assignments include housekeeping, dietary, laundry, garden and grounds, maintenance, clerical and recreation positions. In addition to a work assignment, offenders assigned to the workers program are expected to be involved in other treatment programs including education, counseling, and recreation activities. Offenders have an opportunity to earn extra privileges such as additional visiting time and more access to leisure activities through a level incentive program. Offenders often transfer from the workers program to other institutions to become involved in pre-release programs. Others are paroled, sent to work release programs or discharged directly from the IMCC workers program.

In January 2002, IMCC established the first Prison Hospice Program in Iowa. Project HOPE was developed to provide quality end-of-life services for the increasing number of terminally ill offenders in the Iowa DOC. The program provides comfort oriented care and spiritual, emotional, physical and psychological support to terminally offenders and allows them to die with dignity and humanity, in as little pain as possible, and in a hospice setting rather than alone in a cell, infirmary bed, or hospital room. The program was developed and implemented by IMCC staff with the support and assistance of the local Iowa City Community Hospice Program. Trained Hospice offender volunteers provide the ongoing support and comfort care of end-of-life services to other terminally ill offenders.

The mission of the Iowa Medical and Classification Center (IMCC): To Advance Successful Offender Reentry to Protect the Public, Staff and Offenders from Victimization.

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, an exit meeting was held. While I could not give the facility a final finding, as there were some issues needing further documentation and clarification, I did discuss areas where they had questions as to the facility's and the department's compliance with specific standards. Until receipt of final documentation confirming the procedure they will use to announce staff of the opposite gender when entering an inmate housing unit per PREA Standard 115.15, certification of the facility is pending. I gave an overview of the audit and thanked the Iowa Medical and Classification Center staff for their hard work and commitment to the Prison Rape Elimination Act. As of 11/24/14 the facility is in compliance with all standards based on the implementation of Policy/Procedure IO-SC-17 (MCC) which states: "On all shifts all persons of the opposite gender entering a housing unit shall announce their presence in a loud enough voice to be heard without waking offenders who are asleep."

Number of standards exceeded: 3

Number of standards met:	39
Number of standards not met:	0
Not Applicable:	1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Agency exceeds the standard with their policies, procedures and practice. Policies include PREA 01 Offender PREA Information and Form 1; PREA 02 Staff, Contractor or Volunteer Sexual Misconduct/Harassment/Retaliation with Offenders; PREA 03 Staff Response to Offender on Offender Sexual Violence or Retaliation; PREA 04 PREA Compliance; IO RD 03 Major Discipline Report Procedures and HSP 628 Offender Alleged Sexual Assault Health Services Responsibilities. The agency wide PREA coordinator has developed an excellent system for all agency efforts to meet the standards. She assists the PREA compliance manager at the facility and ensures they have the resources that they need. A PREA Database has been developed to include documentation from Initial Report through the Incident Review.

§115.12 - Contracting with other entities for the confinement of inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency contracts with 8 Judicial District Departments of Correctional Services to provide Residential Community Facilities. The agency requires that they adopt and comply with PREA standards. They also regularly monitor the contractor's compliance with PREA standards.

§115.13 – Supervision and Monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The following policies meet this standard: AD PR 03 Review of Staffing Requirements and IO SC 01 Management of Security Program. Warden Craig reviews the institutional staffing plan annually and ensures that there is always the proper staffing level. The Executive Team reviews the plan monthly and daily determines if they need to re-assign staff to cover a post. Due to the intense mental and medical needs of the inmate population, they may be able to

request additional staff in the next budget year. Documentation of unannounced rounds that cover all shifts was reviewed. An electronic database records supervisor and officer rounds on each housing unit through the use of PDA's. The video camera system consists of 535 cameras in all living units and common areas.

§115.14 – Youthful Inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Not Applicable- They do not house youthful inmates as of 7/1/14.

§115.15 – Limits to Cross-Gender Viewing and Searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency/facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The following policies meet the requirements of the standard: IO SC 17 Cross Gender Supervision and IO SC 18 Searches. The facility is now an all-male population.

Staff is all trained on conducting strip searches of transgender and intersex inmates in a professional manner. The curriculum and training records were reviewed.

The facility did not meet the intent of the standard for the announcements made for staff of the opposite gender entering the units. Each housing unit prominently posts notices that opposite gender staff will be present on the unit and that they should remain sufficiently clothed to protect their need for privacy. In addition, a public address announcement is made two times per day that staff of the opposite gender will likely be on the unit. One announcement is made between 8:00 a.m. and 4:00 P.M. and another between the hours of 4:00 P.M. and 9:00 P.M.

Guidance received from the PREA Resource Center on this issue states: "In adult prisons and jails, and in juvenile facilities with discrete housing units, "staff of the opposite gender" are required to "announce their presence when entering an inmate housing unit." This is sometimes referred to as the "cover-up rule" and is intended to put inmates on notice when opposite-gender staff may be viewing them. The announcement is required any time an opposite-gender staff enters a housing unit; however, the Department has determined that the purpose of the Standard may be fully realized by requiring the announcement only when an opposite-gender staff enters a housing unit where there is not already another cross-gender staff present. Accordingly, the Department has determined that compliance with the Standard will be achieved when an announcement is made, as follows:

When the status quo of the gender-supervision on a housing unit changes from

exclusively same gender, to mixed- or cross-gender supervision, the opposite-gender staff is required to verbally announce their arrival on the unit. The announcement is required for both custody and non-custody staff, and may include, for example, a clinician or case worker who spends time on the unit, or senior staff making supervisory rounds.

Note, a distinct buzzer, bell, or other noisemaking device may be substituted for a verbal announcement, so long as: (1) the buzzer emits a distinctive sound that is noticeably different from other common noisemakers; (2) inmates are adequately educated on the meaning of the buzzer sound and understand its purpose; and (3) the buzzer is not also used for other events at the facility. If used, such buzzers should be used in the identical manner that verbal announcements as required by the above guidance (e.g., when opposite- gender staff enter a housing unit).

The Department has received a number of inquiries about whether the following activities would constitute compliance:

- * Posting a notice on the housing unit informing the inmates that they may be subject to cross-gender supervision at any time.
- * Making a single announcement at the beginning of each shift indicating that inmates may be subject to cross-gender supervision at any time.
- * Making a single announcement at the beginning of a shift indicating that an opposite-gender staff is assigned to the unit for that particular shift.
- * Toggling a certain color light or flickering the lights in the unit as a signal to the inmates that opposite-gender staff may be on the unit.

The Department has determined that, while these other practices may be helpful supplements to the required verbal announcement, none of them is sufficient to comply with the Standard and compliance measure, as articulated above.

The Department also notes that there is no precise verbal language required by the cross-gender announcement Standard; only that the language put inmates or residents on sufficient notice that an opposite-gender staff member is entering the housing unit. Hence, such language as “man on the unit” or “Officer Smith on the unit” may both meet this requirement.

Consistent with Standard 115.16 and 115.316, the agency shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Accordingly, additional systems may be needed to supplement the verbal cross-gender

announcement in units with inmates who are deaf or hard of hearing.

Thanks for the inquiry, and let me know what other assistance I can offer.

Dr. Scott Catey
National PREA Resource Center”

As of 11/24/14 the **facility is in compliance** with all standards based on the implementation of Policy/Procedure IO-SC-17 (MCC) which states: “On all shifts all persons of the opposite gender entering a housing unit shall announce their presence in a loud enough voice to be heard without waking offenders who are asleep.”

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

IDOC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. Policy IS RO 02 Offender Intake ensures compliance with this standard. A statewide translator service was added.

§115.17 – Hiring and Promotion Decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Based on interviews with HR this standard is being met. Policies and Operating procedures to meet this standard include: Iowa Law Chapter 22.7 of the Code of Iowa, AD GA 13 Agreements and Contracts, OP WI 01 Template for Work, AD PR 05 Employee Selection and Forms, PREA 02, 03, 04, 05; AD PR 11 General Rules of Employee Conduct and AD CR 04 Release of Information and Forms. The IDOC conducts background checks at least every five years for employees. Documentation was reviewed.

§115.18 – Upgrades to Facilities and Technology

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Although IMCC has not had any expansions or modifications during this report period, they do have the following policies which meet the standard: PP OH 01 Offender Housing and IO SC 06 Security Operations.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The IMCC of Corrections healthcare staff follows the institution's written plan for responding to allegations of sexual assault of inmates. Investigators also use a thorough PREA Investigation Checklist to ensure all policies and procedures are followed. The assaulted inmate is transported to the University of Iowa Hospital which is properly equipped to assess (i.e. SANE Nurse), treat, provide required prophylaxis, and gathers forensic evidence. Healthcare staff is not involved in the management or treatment of sexual assault cases unless it is necessary to stabilize the inmate before the transfer to the appropriate community facility. The Facility PREA Compliance Manager and IMCC Investigator notifies the Agency PREA Compliance Coordinator to determine further guidance on whether to refer to the Coralville Police Department for criminal investigation or to continue as internal administrative investigation. Four staff is trained as victim advocates. Policies and interviews with investigators, medical and mental health staff support the compliance with this standard. There have been no allegations over this report period where forensic medical exams were required.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies that meet this standard include: AD PR 13 Employee Investigations; PREA 02, 03, 04; and IO RD 03 Major Discipline Report Procedures. All allegations are referred to the Agency PREA Compliance Coordinator for review. An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. During this audit period there have been 25 investigations. Of these 6 were substantiated, 8 were unsubstantiated and 11 were unfounded. The Auditor reviewed several of the investigations that had been conducted at both central office and the facility.

§115.31 – Employee Training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency and facility policies that address this standard include; AD TS 04 Orientation and PreService Training; AD TS 05 InService Training; and HSP 628 Offender Alleged Sexual Assault Health Services Responsibilities;. I reviewed the training curriculum and training records. All staff interviewed indicated that they received the required PREA training.

§115.32– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Reviewed contractor and volunteer sign-in sheets for training received. Policies and procedures AD CI 01 Volunteer Program and PREA 02 meet this standard.

§115.33 – Inmate Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PREA Posters are displayed throughout the facility in prominent areas with the address to contact to report abuse. In addition, they can send a staff message or letter to the institution Warden via a Kiosk system. The facility inmate handbook covers the PREA information. All inmates receive a PREA Orientation within 3 days of arrival at the facility and how to report sexual harassment or abuse. They are also given a copy of the handout “ Staying Safe: A Guide for Offender Conduct”. Within 30 days of arrival a comprehensive education is provided on additional PREA information which includes a video. These sessions are all documented with the inmate’s signature that they have received and understand the information.

§115.34 – Specialized Training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Investigators have received specialized training developed by Moss Group for conducting sexual abuse investigations and crime scene preservation.

§115.35 – Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All medical and mental health staff has received specialized on PREA Addressing Sexual Abuse and Harassment of inmates. This training includes issues on victim identification, interviewing, reporting, and interventions for medical and mental health staff. Interviews with the medical and mental health staff confirmed the training was received.

§115.41 – Screening for Risk of Victimization and Abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policies addressing this standard include: IS RO 01 (revised July 2014) Offender Admission Procedures and IS RO 02 (revised July 2014) Offender Screening. All offenders newly admitted have a Sexual Violence Propensity (SVP) –Intake Screening Tool completed by a trained Correctional Officer within 24 hours of admission and they are given a SVP code. This is scanned into the inmate's electronic record ICON. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering inmates who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner. The Psychologist will pick up the MINI during daily rounds and will schedule any requests for this follow-up within 14 days. If there is a potential for sexual perpetration or victimization indicated, they are placed in single cell status until further assessment. The further assessment is completed by a Case Manager, Psychologist or Social Worker within three working days and before transfer to another facility. Within 30 days, they will reassess the offender's SVP code based upon any additional, relevant information received by the institution. This was verified through interviews with the staff.

§115.42 – Use of Screening Information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. Housing and program

assignments are done on a case by case basis. They have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed. Placement and programming assignments for transgender and intersex inmates are reassessed at least twice a year. Operating procedures address how the information from the Sexual Violence Propensity (SVP) –Intake Screening Tool is used to ensure safety of each inmate. In addition, the initial medical screening involves the use of the Modified MINI (Modified Mini Screen) which includes offering inmates who have ever previously been victims or perpetrators of sexual abuse a follow-up meeting with a mental health practitioner.

§115.43 – Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policies IO HO 05 Administrative Segregation and IO HO 06 Protective Custody Segregation meet this standard. There have been no inmates placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in temporary close custody cell until the investigation and alternative means of separation is found.

§115.51 – Inmate Reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook and on posters located throughout the facility. Agency policies that meet this standard are: PREA 01, 02, 03 and 04.

§115.52 – Exhaustion of Administrative Remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy IO OR 06 Offender Grievance Procedures (revised July 2014) covers the elements of this standard. Two grievances were filed in last year that alleged sexual abuse and these were immediately referred to the Investigator.

§115.53 – Inmate Access to Outside Confidential Support Services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

There are numerous outside contacts listed as resources for outside confidential support services on the posters and in the handbook. Per Iowa code, the hospital would notify the Rape Victim Advocacy Program if a victim is brought in for a rape exam and they would report to the hospital. In addition, IMCC has an agreement with the Rape Victim Advocacy Program in Iowa City, Iowa to provide services to victims in the institution should they request advocacy, counseling, or some other form of support.

§115.54 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Brochures and posters are given to family, guests, and visitors with the procedure for reporting. This is also located on the IDOC website at:

<http://www.doc.state.ia.us/Documents/PREA/ThirdPartyReportingPoster.pdf>

§115.61 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy PREA 01, 02, 03 04 and HSP 628 includes all the components of this standard. This was also verified through interviews with random staff.

§115.62 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility takes immediate action if there was substantial risk of imminent sexual abuse. There have been no inmates placed in this status. This was also verified through interviews with random staff.

§115.63 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy PREA 03 includes all the components of this standard. This was also verified through interviews with Warden and PREA Coordinator. IMCC has not received any allegation that an inmate was abused while confined at another facility. There have been no allegations of sexual abuse that IMCC received from other facilities.

§115.64 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policies PREA 01, 02 and 03 include all the components of this standard. This was also verified through interviews with random staff.

§115.65 – Coordinated Response

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policies address this standard in a very detailed effective manner. This was discussed in interviews with the Warden, PREA Compliance Manager and the Investigators.

§115.66 – Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

All collective bargaining agreements meet the requirements of the standard.

§115.67 – Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Lt. Kathy Eschen, Grievance Officer is assigned to monitor for possible retaliation. Her responsibilities include interviewing inmates who previously alleged sexual victimization to ensure they haven't experienced retaliation because of their allegation(s); for at least 90 days following report of sexual assault/harassment allegation, and to monitor by way of periodic status checks. There have been no incidents of retaliation reported in this report period.

§115.68 – Post-Allegation Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy IO HO 05 Administrative Segregation meets this standard. There have been no inmates placed in this status. If an inmate was at imminent risk of sexual victimization, they could temporarily be placed in temporary close custody cell until the investigation and alternative means of separation is found.

§115.71 – Criminal and Administrative Agency Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policies that address their standard include PREA 02, 03, 04 and IO RD 03 Major Discipline Report Procedures. The IMCC Investigator conducts investigations within the facility after consulting the Central Office PREA Coordinator to determine how to proceed. All Investigators have received special investigation training. All of the investigations were reviewed promptly, thoroughly, and objectively. There were no substantiated allegations that were referred for prosecution during this period.

§115.72 – Evidentiary Standard for Administrative Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This is covered in the Investigator PREA training curriculum.

§115.73 – Reporting to Inmate

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

PREA Agency Coordinator indicates that is the Investigators responsibility to notify the inmate of the findings. There is a standard form letter that is used and a copy kept in the investigative file. There were no investigations completed by an outside agency in this report period.

§115.76 – Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency Policy PREA 02 includes all the components of this standard. During this audit period no staff member has been found to violate agency sexual abuse or sexual harassment policies.

§115.77 – Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policies that meet this standard are AD GA 13 and AD CI 01 There were no contractor/volunteer during this period that was reported to law enforcement for engaging in sexual abuse of inmates.

§115.78 – Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This is stated in the inmate handbook which addresses all disciplinary sanctions for inmates.

§115.81 – Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policies addressing this standard include: IS RO 01; IS RO 0)2 and HSP 628. Screening for any condition relevant to the Prison Rape Elimination Act of 2003 (PREA) through the use of

the Sexual Violence Propensity screening form is scanned into the inmates electronic record ICON. If there is a potential for sexual perpetration or victimization indicated, they are placed in single cell status until further assessment. If the SVP Intake Screening tool, Modified Mini Screen (MMS) or the Sexual Violence Propensity (SVP) assessment in ICON indicates that the offender has experienced prior sexual victimization or previously perpetrated sexual violence, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a medical or mental health practitioner within 14 days of the SVP. This was verified through interviews with the staff. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed.

§115.82 – Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

A wide range of treatment services are offered to every victim without financial cost while at the facility. When mental health determines that follow up services are warranted relative to a sexual assault, referrals will be made in accordance with recommendations reported by the SAFE/SANE counselor and/or other hospital emergency department staff.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy HSP 628 and OP SOP 08 STOP Program Referrals meet the standard's requirements.

§115.86 – Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency policy PREA 04 meets this standard. Committee members shall consist of, but are not limited to, a representative of the following departments: Warden or designee, Agency PREA Coordinator (if a substantiated case), Facility PREA Compliance Manager, Unit Manager, Shift Supervisor involved, Investigator, Mental Health and/or Medical Services involved in situation.

§115.87 – Data Collection

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This is covered in Agency Policy PREA 05 Data, Reports. The IDOC publishes an annual report regarding PREA-related incidents and, where necessary, plans to improve the Department's prevention, detection and response efforts. The Department regularly conducts sexual abuse/assault incident reviews to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required.

§115.88 – Data Review for Corrective Action

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify problem areas and take corrective actions. An annual report with comparisons since 2005 and corrective actions is published, and posted on the IDOC website at:
<http://www.doc.state.ia.us/Documents/2014AnnualPreaReport.pdf>.

§§115.89 – Data Storage, Publication, and Destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

An annual report with comparisons from previous years and corrective actions is published, and posted on the IDOC website at:
<http://www.doc.state.ia.us/Documents/2014AnnualPreaReport.pdf>.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

_____*Diane Lee*_____

____Final Report November 28, 2014_____

Auditor Signature

Date